STATE HRMS PERSONAL DATA FORM
STATE OF NORTH DAKOTA   SFN 13091

Effective Date: The date that this change or hire is effective.

Name History:

Prefix: Check the applicable prefix.

Name: The employee's name.

Address History:

Address Type 1: Check the applicable address.

Address Information: Enter the Street and/or P.O. Box, City, County, Zip Code, and State information for the employee's address.

Phone Type 1: Check the applicable phone type.

Telephone Number: Enter the telephone number of the type of phone entered.

Email Type and address are optional. If the employee would like their email address on their personal file they may enter it here.

If the employee has more than one address or phone number that they would like listed on their personal data, they may fill out the information on a separate sheet and attach it to this form.

Personal History:

Gender: Check male or female.

Marital Status: Check married or single.

Date: This is the date that the checked marital status is effective.

Highest Education Level: Check the appropriate option.

Military Status: This is optional line of history. The employee may check the appropriate military status.

Identity/Diversity:

Date of Birth: Enter the employee's birth date (mm/dd/yy).

Referral Source: Check the applicable source.

Original Hire Date: Only the payroll clerk should use this box. It is the date the employee was originally hired by the state.

Check yes or no as to whether or not the employee was previously employed by the State of North Dakota or the ND University System.

Social Security Number: Enter the employee's social security number. The social security number must exactly match what is on his or her social security card.

Ethnic Group: Check the applicable group.

Pay Method Options:

Check the option of check or direct deposit. If direct deposit is checked, SFN 50428 will also need to be completed.

Emergency Contact Information:

Emergency Contact Name: Enter the employee's primary emergency contact person.

Relationship to Employee: Examples are spouse, parent, child, brother, etc.

If the address and phone number of the contact person are the same as the employee's, check yes on the appropriate lines and skip the contact person's address lines.

Address Information: If the information is not the same as the employees then enter the Street and/or P.O. Box, City, County, Zip Code, and State information for the primary contact person.

Contact Phone: If the contact's phone number is not the same as the employee's listed phone number, then enter it on this line.

If the employee has additional contact persons, please fill out the appropriate information on another sheet and attach it to this form.

Employee's Signature:

This form should be signed and dated by the employee.